MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County: _St. Louis_   Registration District No.: 781 1003

Township: _St. Louis_

City: _St. Louis_   (No. _1712 a N. Sarah_) St.   Ward)

File No. 24651 6047
Registered No.

2. FULL NAME _Edward Crawford_

(a) Residence, No. _1712 a N. Sarah_ St., _11_ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred _yrs._ _mos._ _ds._ How long in U.S., if of foreign birth? _yrs._ _mos._ _ds._

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Male_

4. COLOR OR RACE _Colored_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Corine Crawford_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Sept - 5 - 1884_

7. AGE YEARS _48_ MONTHS _8_ DAYS _3_ If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Watchman_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Central National Bank Bld._

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _St. Louis Mo._

13. NAME (FATHER) _William Crawford_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Lexington Mo._

15. MAIDEN NAME (MOTHER) _Laura Humphrey_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _St. Louis Mo._

17. INFORMANT (ADDRESS) _Lillie Crawford 3706 Gamble_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Greenwood_ DATE _7/13_ 1933

19. UNDERTAKER (ADDRESS) _Manuel Undertaking Co 4059 Finney_

20. FILED JUL 11 1933 _J.F. Bredeck_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 8th, 1933_

22. I HEREBY CERTIFY, That I attended deceased from _Sept 17, 1932_, to _July 8, 1933_

I last saw h_im_ alive on _July 3, 1933_ Death is said to have occurred on the date stated above, at _11:40_ p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ___ Date of ___
What test confirmed diagnosis? _Clinical_ Was there an autopsy? _No_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19 ___
Where did injury occur? ___
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? _No_
If so, specify ___

(Signed) _Vincent J. Mueller_, M.D.

(Address) _2333 Franklin_